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International Journal of Surgery

journal homepage: www.theijs.com

The second national undergraduate & foundation doctors general surgery conference (NUGSC)

3rd & 4th March 2012, at University College LondonJoseph Yoav Dangoor, Abhiney Jain. *UCL Medical School, United Kingdom.*

The second NUGSC took place this year, and was attended by over 300 delegates. This annual event hosted a faculty of leading surgeons, of whom Prof. Paolo Macchiarini was the International speaker. He is famous for his recent pioneering of stem-cell seeded tracheal transplants.

The meeting explored the future of surgery in the UK, addressing concerns of medical students and junior doctors with an interest in the career, and updating them on current issues.

The research exhibition was hosted by the Society of Academic and Research Surgeons (SARS), which awarded the following prizes:

- The SARS Prize for the best overall presentation of research *awarded to: Miss Cissy Yong, UCL Medical School*
- The Royal College of Surgeons of Edinburgh Prize for the best oral presentation of research *awarded to: Dr. Hanieh Asadi*
- The NUGSC Prize for the best poster presentation of research *awarded to: Stuart Stokes, Sheffield Medical School*
- The British Orthopaedic Association National Undergraduate Prize for the best orthopaedic research presentation *awarded to: Mr Mahiben Maruthappu, University of Oxford School of Medicine*

THE USE OF MITEK BONE ANCHORS FOR SYNTHETIC MESH FIXATION TO REPAIR RECALCITRANT ABDOMINAL HERNIAS

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Introduction: Repair of recurrent abdominal hernias is a surgical challenge which usually presents to the plastic surgeon as a last resort. Such recalcitrant hernias cause enormous morbidity and constitute a financial burden to any health service. It is important to explore novel and potentially effective repair methods. We report on a technique utilising overlay prolene mesh fixed to bone using Mitek anchors.

Methods: All patients who had Mitek bone anchor fixation of synthetic mesh, to repair recurrent iatrogenic abdominal hernias between 2003 and 2010 by one surgeon (CMM) were retrospectively reviewed. The indications, operative details and clinical outcomes were documented.

Results: The seven patients (6F, 1M) were aged 35 to 60 (average 53) years. The causes of herniation were incisional (4) and abdominal flap harvests (3). They had had a median of three hernia repairs before referral to plastic surgery. The operations lasted a mean of 6 hours (range 3–10½ hrs). There were no major intra and post-operative problems although one patient requested removal of two of his eight Mitek anchors because of persistent localised pain and tenderness. After a mean follow up of 24 months (range 4–34 months) only one patient developed a recurrent lower abdominal bulge.

Conclusion: Our single operator series demonstrated that Mitek bone anchor fixation of prosthetic mesh reinforcement of abdominal wall hernia repair is an effective treatment technique associated with a low morbidity. This method of recalcitrant hernia repair may be a useful addition to the plastic surgeon's armamentarium.

NO SCAR TOO FAR?

Dr. Ashley Scrimshire, Mr. A. Abdelrazeq, Mr. R. Rajaganesan, Dr. A. Mannesso, Miss. K. Hancorn. *Mersey Foundation School (FY1), United Kingdom*

Introduction: Natural orifice transluminal endoscopic surgery (NOTES) involves using natural orifices such as the mouth, vagina or rectum instead

of opening the abdominal wall. This means the patient is left with no visible scar and may reduce post-operative pain. Currently these techniques are only experimental, but it is possible NOTES may develop to become an alternative surgical practice.

Aims: We aim to find the opinion of the public and medical professionals on NOTES.

Methods: An information sheet and an anonymous questionnaire were distributed to participants, who included inpatients, medical professionals and members of the public. Questionnaires were then collected and results analyzed.

Results: A total of 106 questionnaires were analyzed (55% male). Medical professionals made 39%. More women thought the appearance of the abdomen after surgery was very important (50% vs 40%). Both sexes were undecided as to whether this type of surgery was a step too far. Of the patients who had previous surgery 80% of the laparoscopic group preferred NOTES compared with 69% of the open group. But interestingly 65% of the laparoscopic group and only 50% of the open group felt this type of surgery was a step too far. When the responses from the clinicians were analysed, 75% of the surgeons felt strongly against having no visible scar, but only 3% of the medics felt this way.

Conclusions: With technology rapidly transforming surgical practice, advances sometimes lag behind what is acceptable for patients. We as clinicians must make sure the risks of new technology are openly and honestly debated.

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS IN CAST IMMOBILISED PATIENTS: WHO SHOULD WE TREAT AND HOW MUCH WILL IT COST?

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